

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000005385 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name : PROSKAUER ROSE LLP

Account Number : 074673001063 Phone

: (561)995-4751 Fax Number : (561)241-7145

FOREIGN LIMITED LIABILITY COMPANY

BIP-MM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu.

Corporate Filing.

Public Access Help

H05000005385

H05000005385

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. BIP-MM, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 1/4/05 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to 6. Upon qualification (Date first transacted business in Florids, if prior to registration.)
(See sections 608,501 & 608,502 F.S. to determine penalty liability) 7. 1500 West Cypress Creek Road Buite 409 Fort Lauderdale, FL 33309 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Scott Branner, 1500 West Cypress Creek Road. Suite 409 Fort Lauderdale, FL 33309 10. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the juristiction under the law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a foreign language, a translation of the certificate under cash of the translator must be safemitted.) ထု w 11. Nature of business or purposes to be conducted or promoted in Florida: anything lawful under the laws of the State of Florida.

Signature of a riember or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Scott Branner, Managing Member

H05000005385

H05000005385

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

e of the Limited Liability Company is:	
e and the Florida street address of the registered agent and office are:	
Scott Branner	
(Name)	
1500 West Cypress Creek Road, Suite 409	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Fort Lauderdale FI 33309	
City/State/Zip	
named as registered agent and to accept service of process for the above stated limited party at the place designated in this certificate, I hereby accept the appointment as registered pree to act in this capacity. I further agree to comply with the provisions of all statutes are proper and complete performance of my duties, and I am familiar with and accept the fray position as registered agent as provided for in Chapter 608, Florida Statutes.	
	Scott Branner (Name) 1500 West Cypress Creek Road, Suite 409 Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Lauderdale Florida Street and to accept service of process for the above stated limited and at the place designated in this certificate, I hereby accept the appointment as registered ree to act in this capacity. I further agree to comply with the provisions of all statutes a proper and complete performance of my duties, and I am familiar with and accept for my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

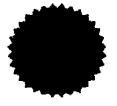
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIP-MM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIP-MM, LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION: 3598145

DATE: 01-05-05

3907296 8300 050009699

H05000005385